

## DECLARATION AND POWER OF ATTORNEY

**As a below named inventor, I hereby declare that:** My citizenship, residency, and mailing address are as identified below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed therein and for which a patent is sought on the invention titled

the specification of which (check only one item) [ ☒ ] is attached hereto, OR [ ☐ ] was filed on \_\_\_\_\_ (MM/DD/YYYY) as United States Patent Number or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application(s) for patent or inventor's certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

<u>Country</u>	<u>Prior Foreign Application No.</u>	<u>Foreign Filing Date (MM/DD/YYYY)</u>	<u>Priority Claimed?</u>	<u>Certified Copy Attached?</u>
Rep. of Korea	2002-40614	07/12/2002	Yes	Yes

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

<u>U.S. Provisional Application No.</u>	<u>Filing Date (MM/DD/YYYY)</u>
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I hereby claim priority benefits under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application(s) designating the United States of America, listed

below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. or PCT Parent	Parent Filing Date	Parent Patent
<u>Application No.</u>	<u>(MM/DD/YYYY)</u>	<u>Number (if applicable)</u>

I hereby designate the following as my mailing address:

**Porter, Wright, Morris & Arthur LLP**  
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Columbus, Ohio 43215-6194

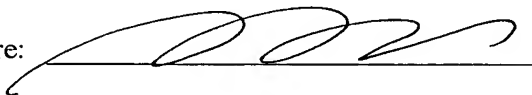
I hereby request that all telephone calls be directed to: Richard M. Mescher at (614) 227-2026

I hereby appoint each of the following as my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Edwin M. Baranowski, Reg. No. 27,482;  
Laurie N. Jacques, Reg. No. 35,905;  
Richard M. Mescher, Reg. No. 38,242; and  
Melanie R. Martin Jones, Reg. No. 50,321.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(1) Inventor's Signature:

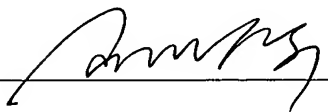


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(3) Inventor's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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Citizenship:  
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Mailing Address:

(4) Inventor's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Inventor:  
Citizenship:  
Residence:  
Mailing Address: